

<b>1. CIR./DIST./DIV. CODE</b> GUX		<b>2. PERSON REPRESENTED</b> ZHU, DAN		<b>VOUCHER NUMBER</b>	
<b>3. MAG. DKT./DEF. NUMBER</b>		<b>4. DIST. DKT./DEF. NUMBER</b> 1:05-000048-001		<b>5. APPEALS DKT./DEF. NUMBER</b>	
<b>6. OTHER DKT. NUMBER</b>		<b>7. IN CASE/MATTER OF (Case Name)</b> U.S. v. ZHU		<b>8. PAYMENT CATEGORY</b> Felony	
<b>9. TYPE PERSON REPRESENTED</b> Adult Defendant		<b>10. REPRESENTATION TYPE</b> (See Instructions) Criminal Case			
<b>11. OFFENSE(S) CHARGED (Cite U.S. Code, Title &amp; Section).</b> If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 8 1324.F -- BRINGING IN AND HARBORING CERTAIN ALIENS					
<b>12. ATTORNEY'S STATEMENT</b> As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: <input type="checkbox"/> Authorization to obtain the service. Estimated Compensation: \$ _____ OR <input type="checkbox"/> Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services exceeding \$500).  <div style="display: flex; justify-content: space-between;"> <div>Signature of Attorney _____</div> <div>Date _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Panel Attorney    <input type="checkbox"/> Retained Atty    <input type="checkbox"/> Pro-Se    <input type="checkbox"/> Legal Organization            Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address.         </div> <div style="text-align: right;"> <div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-weight: bold;">DISTRICT COURT OF GUAM</div> <div style="font-weight: bold;">NOV - 7 2005</div> <div style="font-weight: bold; margin-top: 10px;">MARY L.M. MORAN</div> <div style="font-weight: bold;">CLERK OF COURT</div> </div> </div>					
<b>13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See instructions)</b>			<b>14. TYPE OF SERVICE PROVIDER</b>		
			<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">           01 <input type="checkbox"/> Investigator            02 <input checked="" type="checkbox"/> Interpreter/Translator            03 <input type="checkbox"/> Psychologist            04 <input type="checkbox"/> Psychiatrist            05 <input type="checkbox"/> Polygraph Examiner            06 <input type="checkbox"/> Documents Examiner            07 <input type="checkbox"/> Fingerprint Analyst            08 <input type="checkbox"/> Accountant            09 <input type="checkbox"/> CALR (Westlaw/Lexis, etc)            10 <input type="checkbox"/> Chemist/Toxicologist            11 <input type="checkbox"/> Ballistics Expert            13 <input type="checkbox"/> Weapons/Firearms/Explosive Expert            14 <input type="checkbox"/> Pathologist/Medical Examiner            15 <input type="checkbox"/> Other Medical Expert            16 <input type="checkbox"/> Voice/Audio Analyst            17 <input type="checkbox"/> Hair/Fiber Expert            18 <input type="checkbox"/> Computer (Hardware/Software/Systems)            19 <input type="checkbox"/> Paralegal Services         </div> <div style="width: 50%;">           20 <input type="checkbox"/> Legal Research Consultant            21 <input type="checkbox"/> Jury Consultant            22 <input type="checkbox"/> Mitigation Specialist            23 <input type="checkbox"/> Duplication Services (See Instructions)            24 <input type="checkbox"/> Other (specify) _____         </div> </div>		
<b>15. Court Order</b> Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted.  Signature of Presiding Judicial Officer or By Order of the Court _____  Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>16. SERVICES AND EXPENSES</b> (Attach itemization of services and expenses with dates)		<b>AMOUNT CLAIMED</b>		<b>MATH/TECHNICAL ADJUSTED AMOUNT</b>	
a. Compensation					
b. Travel Expenses (lodging, parking, meals, mileage, etc.)					
c. Other Expenses					
<b>17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS</b>   TIN: _____ Telephone Number: _____  <b>CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____</b> <b>CLAIM STATUS</b> <input type="checkbox"/> Final <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____					
<b>18. CERTIFICATION OF ATTORNEY:</b> I hereby certify that the services were rendered for this case.  Signature of Attorney: _____ Date: _____					
<b>19. TOTAL COMPENSATION</b>		<b>20. TRAVEL EXPENSES</b>		<b>21. OTHER EXPENSES</b>	
<b>22. TOT. AMT APPROVED/CERTIFIED</b>					
<b>23.</b> <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500.  <div style="display: flex; justify-content: space-between;"> <div>Signature of Presiding Judicial Officer _____</div> <div>Date _____</div> <div>Judge/Mag. Judge Code _____</div> </div>					
<b>24. TOTAL COMPENSATION</b>		<b>25. TRAVEL EXPENSES</b>		<b>26. OTHER EXPENSES</b>	
<b>27. TOTAL AMOUNT APPROVED</b>					
<b>28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3)</b>  Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____					